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PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

TARA JEAN

RYBNICEK

Inventor's
Signature

Tara Jean Rybnicek

Date

10/11/00

Residence: City

SANTA BARBARA

State

CA

Country

USA

Citizenship

USA

Post Office Address

1107 CRESTLINE DRIVE

Post Office Address

City

SANTA BARBARA

State

CA

ZIP

93105

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

JOHN WESLEY

STOCKER

Inventor's
Signature

Date

Residence: City

CARPENTERIA

State

CA

Country

USA

Citizenship

USA

Post Office Address

185 OCEAN VIEW AVENUE

Post Office Address

City

CARPENTERIA

State

CA

ZIP

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

JEFFERY FRANK

SUMMERS

Inventor's
Signature

Jeffery Frank Summers

Date

10/11/00

Residence: City

SANTA BARBARA

State

CA

Country

USA

Citizenship

USA

Post Office Address

1416 CLEAR VIEW ROAD

Post Office Address

City

SANTA BARBARA

State

CA

ZIP

93101

Country

USA

Guarantee Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOHN STUART		FOSTER	
Inventor's Signature			10-11-00 Date
Residence: City	SANTA BARBARA	State CA	Country USA
Post Office Address 4678 VIA HUERTO			
Post Office Address			
City	SANTA BARBARA	State CA	ZIP 93110
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RICHARD THOMAS		MARTIN	
Inventor's Signature			10/11/00 Date
Residence: City	GOLETA	State CA	Country USA
Post Office Address 5692 BERKELEY ROAD			
Post Office Address			
City	GOLETA	State CA	ZIP 93117
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
PAUL JOHN		RUBEL	
Inventor's Signature			10/11/00 Date
Residence: City	SANTA BARBARA	State CA	Country USA
Post Office Address 527 LA MARINA DRIVE			
Post Office Address			
City	SANTA BARBARA	State CA	ZIP 93109
Country USA			

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	JOHN S. FOSTER See a Hacked change of		
Address	75 ROBIN HILL ROAD correspondence address		
Address			
City	GOLETA	State	CA
ZIP	93117		
Country	USA	Telephone	(805) 681-2838
Fax	(805) 967-2677		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
PATRICK EDWARD		FEIERABEND	
Inventor's Signature	Patrick Edward Feierabend		Date
			10/4/00
Residence: City	SANTA BARBARA	State	CA
		Country	USA
Citizenship	USA		
Post Office Address	515 VIA SEVILLA		
Post Office Address			
City	SANTA BARBARA	State	CA
ZIP	93109	Country	USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	PATRICK E. FEIERABEND
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOW INERTIA LATCHING MICROACTUATOR

the specification of which (Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
JAQUELIN KETNER				SPONG				
Inventor's Signature		Jaquelin K. Spong			Date		11/1/2000	
Residence: City		LOS GATOS	State	CA	Country	USA	Citizenship	USA
Post Office Address		16075 OVERLOOK DRIVE						
Post Office Address								
City		LOS GATOS	State	CA	ZIP	95030	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

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CHANGE OF CORRESPONDENCE ADDRESS *Application*

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number

Filing Date

First Named Inventor

PATRICK FEIERABEND

Group Art Unit

Examiner Name

Attorney Docket Number

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

☒ Firm or
Individual Name

JAQUELIN K. SPONG

Address

16075 OVERLOOK DRIVE

Address

City

LOS GATOS

State

CA

ZIP

95030

Country

USA

Telephone

(202) 756-4213

Fax

(202) 756-4213

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I am the :

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

JAQUELIN K. SPONG

Signature

Jaquelin K. Spong

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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